

CERTIFICATE OF INCORPORATION
OF
WOLF SHEVACK, INC.

Under Section 402 of the
Business Corporation Law

The undersigned, being over the age of eighteen, for the purpose of forming a corporation pursuant to Section 402 of the Business Corporation Law of the State of New York, hereby certifies:

FIRST: The name of the corporation is:

WOLF SHEVACK, INC.

SECOND: The purpose of the corporation is formed to engage in any lawful act or activity for which corporations may be organized under the Business Corporation Law of the State of New York, provided that the corporation is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The office of the corporation is to be located in the County of Erie, State of New York.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is 200, consisting of one class of common shares with one dollar (\$1.00) par value.

SS-4

Rev. December 1988
Internal Revenue Service
Small Business

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

> Keep a copy for your records.

EIN

OMB No. 1545-0403

Please type or print clearly 1 Name of applicant (Legal name) (See instructions.) Wolf Shevack, Inc.				
2 Trade name of business (if different from name on line 1) N/A		3 Executive, trustee, "care of" name N/A		
4a Mailing address (street addressed) (room, apt., or suite no.) 28 Church St., Suite 700		4c Business address if different from address on lines 4a and 4b N/A		
4b City, state, and ZIP code Buffalo, New York 14202		4d City, state, and ZIP code B/A		
5 County and state where principal business is located New York, New York City				
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) Lawrence J. Wolf, Chairman President				
8a Type of entity (Check only one box) (See instructions.) <input checked="" type="checkbox"/> Sole proprietor (SSTIN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Other nonprofit organization (specify) > _____ <input checked="" type="checkbox"/> Other (specify) > New York corporation		<input type="checkbox"/> Estate (SSN or decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Other corporation (specify) > _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> Federal Government/military _____ <input type="checkbox"/> Church or church-controlled organization (Enter GEN if applicable) _____		
9b If a corporation, name the state or foreign country (State if applicable) where incorporated New York		Foreign country N/A		
9c Reason for applying (Check only one box) <input checked="" type="checkbox"/> Started new business (specify) > _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) > _____		<input type="checkbox"/> Banking purpose (specify) > _____ <input type="checkbox"/> Changed type of organization (specify) > _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) > _____ <input type="checkbox"/> Other (specify) > _____		
10 Date business started or acquired (Mo., day, year) (See instructions.) May 20, 1998		11 Closing month of accounting year (See instructions.) December		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year). 6/15/98				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -1. (See instructions.) 100		Nonagricultural Agricultural Household 0 0 0		
14 Principal activity (See instructions.) Advertising Agency				
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used > _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16 To whom are most of the products or services sold? Please check the appropriate box: <input type="checkbox"/> Public (specify) <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Other (specify) > _____				
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above. Legal name > N/A Trade name > _____				
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed N/A		Previous EIN 1		

Under penalty of perjury, I declare that I have read the instructions, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature > *[Signature]* Title: **President**
 Name and title (Please type or print clearly) > **Lawrence J. Wolf, Chairman**

Place, Do not write below this line for official use only.

Please leave _____	Date _____	Time _____	Size _____	Reason for applying _____
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For Paperwork Reduction Act Notice, see page 6.

C.R. No. 1625N

Form SS-4 (Rev. 12-22)

FIFTH: The Secretary of State of the State of New York is designated as the agent of the corporation upon whom process against the corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him/her is:

Lippes, Silverstein, Mathias & Wexler LLP
700 Guaranty Building
28 Church Street
Buffalo, New York 14202

IN WITNESS WHEREOF, I have executed this Certificate this 20th day of May, 1998 and affirmed the statements contained herein as true under penalties of perjury.


Derek J. Mohr, Sole Incorporator
Lippes, Silverstein, Mathias & Wexler LLP
700 Guaranty Building
28 Church Street
Buffalo, New York 14202



To Whom It May Concern:

Please be advised that "Wolf Shevack, Inc.,"

- was incorporated in the County of Erie, State of New York.
- certificate of incorporation for this company was filed with the Secretary of State of New York on May 20, 1998.
- that Lawrence H. Wolf is President.
- that the corporation's Employee Identification Number (EIN) is [REDACTED]
- will trade as "Partners & Shevack."
- is a wholly owned subsidiary of Wolf Group Integrated Communications Ltd.

Yours sincerely,

A handwritten signature in black ink, appearing to read "J. Wolf".

Lawrence H. Wolf
President